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ALI OKNE 145 OKNETINOT 14101 TOO OCCUPANT STATES										
As a below named inventor, I hereby declare that:  My residence/post office address and citizenship are as stated below next to my name;										
the standard first and colo inventor (if only one name is listed below) or an original, first and joint inventor (if										
plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention										
entitled: Probabilistic Scheduling										
the experification of which is filed herewith unless the following box is checked:										
( ) was filed on as US Application Serial No. or PCT International Application										
Number and was amended on (if applicable).  I hereby state that I have reviewed and understood the contents of the above-identified specification, including the claims, as										
I hereby state that I have	review	ad an	d understand th	he content	s of t	he above-	identified specific	ation, i	ncluding the claims, as	
amended by any amend	ment(s	) refe	rred to above. I	[ acknowl	edge	the duty	to disclose all inf	ormatic	on which is material to	
patentability as defined i	in 37 ČI	FR 1.5	6.		_					
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Foreign Application(s) and/or	Claim o	f Foreig	gn Priority							
the section of the Constant make the	lanafite.	under '	Title 25   Inited State	es Code Sec	tion 11	9 of any for	eign application(s) for	patent or	r inventor(s) certificate listed	
below and have also identifie	ed below	any fo	reign application to	or patent or	mven	tor(s) cerun	cate naving a mind o	ate Deloi	e that of the application on	
which priority is claimed:	A DE	ADDI ICATIONI NUMBER		DATE FILED		ED	PRIORITY CLA	AIMED U	NDER 35 U.S.C. 119	
COUNTRY	APP	APPLICATION NUMBER		PRILLILED			ES:	NO:		
							Y	ES:	NO:	
Provisional Application	<u> </u>			L			<u> </u>			
I hereby claim the benefit und	Provisional Application I hereby claim the benefit under Title 35, United States Code Section 119(e) of any United States provisional application(s) listed below:									
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	L	APPLICATION SERIAL N		NUMBER	JUMBER FILE		NG DATE	Ì		
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U.S. Priority Claim	L.									
of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35 of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35 of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35 of each of Penderal P										
I Inited States Code Section 11	7 Lacks	nurlada	a the duty to disclos	eo material i	nmnn	anon as cen	nea in Tiue 37. Code	ui reneia	I IVERGIUMONS, SECTION 1.30(III	
which occurred between the fi	iling date	of the	prior application an	nd the nation	al or F	CT internat	ional filing date of thi	s applicat	tion:	
									<u> </u>	
APPLICATION SERIAL	APPLICATION SERIAL NUMBER		FILING DATE			STATUS(patented)		pending	/ abandoned)	
·										
POWER OF ATTORNEY:						L				
As a named inventor, I hereby	As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) listed below and those associated with									
	Customer No. 22801									
to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.										
to brosecute this obbication and manager an organicos in the enterin min summers of the										
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## **DECLARATION AND POWER OF ATTORNEY**

## ATTORNEY DOCKET NO. MS1-1578US

MS DOCKET NO. 303449.1

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

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